

**CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM
ADMINISTRATIVE EXPENDITURE INVOICE**

The following are instructions for the completion of the Administrative Expenditure Invoice for the CCS Program. This invoice is submitted on a quarterly basis to the following:

Department of Health Services
Children's Medical Services Branch
MS 8104
P.O. Box 997413
Sacramento, CA 95899-7413

Quarterly invoices shall be submitted no later than 60 days after the end of each quarter.

Fiscal Year

- 1) Enter the State fiscal year (FY) for which this invoice applies.

County

- 2) Enter the name of the county for which this invoice applies.

Quarter

- 3) Enter the dates of the quarter for which the invoice applies.

Quarter 1: July 1 200x – September 30, 200x
Quarter 2: October 1, 200x – December 31, 200x
Quarter 3: January 1, 200x+1 – March 31, 200x+1
Quarter 4: April 1, 200x+1 – June 30, 200x+1

CCS CASELOAD

Column B – Actual Caseload

Medi-Cal Cases

- 4) Enter the Average Total Cases of Open (Active) Medi-Cal Children.

Calculate the average total cases by adding the total cases of open (active) Medi-Cal Children for each month in the quarter and dividing by 3.

- 5) Enter the number of Potential Cases of Medi-Cal Children.
- 6) Enter Total Medi-Cal Cases by adding the Average Total Cases of Open (Active) Medi-Cal Children and the Potential Cases of Medi-Cal Children.

Non-Medi-Cal Cases: Healthy Families

- 7) Enter the Average Total Cases of Open (Active) Healthy Families (HF) Children.

Calculate the average total cases by adding the total cases of open (active) HF Children for each month in the quarter and dividing by 3.

- 8) Enter the number of Potential Cases of HF Children.
- 9) Enter Total Healthy Families Cases by adding the Average Total Cases of Open (Active) HF Children and the Potential Cases of HF Children.

Non-Medi-Cal Cases: Straight CCS

- 10) Enter the Average Total Cases of Open (Active) Straight CCS Children.

Calculate the average total cases by adding the total cases of open (active) Straight CCS Children for each month in the quarter and dividing by 3.

- 11) Enter the number of Potential Cases of Straight CCS Children.
- 12) Enter Total Straight CCS Cases by adding the Average Total Cases of Open (Active) Straight CCS Children and the Potential Cases of Straight CCS Children.

Total Non-Medi-Cal Cases

- 13) Enter Total Non-Medi-Cal Cases by adding Total HF Cases and Total Straight CCS Cases.

Total Caseload

- 14) Enter Total Caseload by adding Total Medi-Cal Cases and Total Non-Medi-Cal Cases.

Column C – Percent of Grant Total**Medi-Cal Percentages**

- 15) Enter the percentage for Average Total Cases of Open (Active) Medi-Cal Children by dividing the average total cases entered in Column B by the Total Caseload entered in Column B.
- 16) Enter the percentage for Potential Cases of Medi-Cal Children by dividing the potential cases entered in Column B by the Total Caseload entered in Column B.
- 17) Enter the Total Percentage for Total Medi-Cal Cases by dividing the Total Medi-Cal Cases in Column B by the Total Caseload in Column B.

Non-Medi-Cal Percentages: Healthy Families

- 18) Enter the percentage for Average Total Cases of Open (Active) HF Children by dividing the average total cases entered in Column B by the Total Caseload entered in Column B.
- 19) Enter the percentage for Potential Cases of HF Children by dividing the potential cases entered in Column B by the Total Caseload entered in Column B.
- 20) Enter the Total Percentage for Total HF Cases by dividing the Total HF Cases in Column B by the Total Caseload in Column B.

Non-Medi-Cal Percentages: Straight CCS

- 21) Enter the percentage for Average Total Cases of Open (Active) Straight CCS Children by dividing the average total cases entered in Column B by the Total Caseload entered in Column B.
- 22) Enter the percentage for Potential Cases of Straight CCS Children by dividing the potential cases entered in Column B by the Total Caseload entered in Column B.
- 23) Enter the Total Percentage for Total Straight CCS Cases by dividing the Total Straight CCS Cases in Column B by the Total Caseload in Column B.

Total Non-Medi-Cal Cases Percentage

- 24) Enter the percentage for Total Non-Medi-Cal Cases by adding the percentages for Total HF Cases and Total Straight CCS Cases.

Total Caseload Percentage

- 25) Enter the Total Percentage by adding the percentages for Total Medi-Cal Cases and Total Non-Medi-Cal Cases in Column C.

The Total Caseload Percentage must equal 100%.

EXPENDITURE INVOICE

County

- 26) Enter the name of the county for which this invoice applies.

Quarter

- 27) Enter the dates of the quarter for which the invoice applies.

Column C, Total Expenditures

- 28) Enter the total of all expenditures charged during the quarter to each category/line item listed in Column B.
- 29) Enter the Total Expenditures by adding all entries in Column C.

For each category/line item, the amounts entered in Column C must equal the total of respective amounts in Columns D and G.

Column D, Total Non-Medi-Cal

- 30) Enter the amount of Total Non-Medi-Cal expenditures charged during the quarter to each category/line item listed in Column B.

The amount of Total Non-Medi-Cal expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total Non-Medi-Cal Cases as calculated in Step 24 for CCS Caseload.

- 31) Enter the Total Expenditures for Total Non-Medi-Cal expenditures by adding all entries in Column D.

For each category/line item, the amounts entered in Column D must equal the total of respective amounts in Columns E and F.

The amount of Total Expenditures in Column D must equal the total of respective totals in Columns E and F.

Column E, Straight CCS

- 32) Enter the amount of Straight CCS expenditures charged during the quarter to each category/line item listed in Column B.

The amount of Straight CCS expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total Straight CCS Cases as calculated in Step 23 for CCS Caseload.

- 33) Enter the Total Expenditures for Straight CCS by adding all entries in Column E.

Column F, Healthy Families (HF)

- 34) Enter the amount of HF expenditures charged during the quarter to each category/line item listed in Column B.

The amount of HF expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total HF Cases as calculated in Step 20 for CCS Caseload.

- 35) Enter the Total Expenditures for HF by adding all entries in Column E.

Column G, Total Medi-Cal

- 36) Enter the amount of Total Medi-Cal expenditures charged during the quarter to each category/line item listed in Column G.

The amount of Total Medi-Cal expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total Medi-Cal Cases as calculated in Step 17 for CCS Caseload.

- 37) Enter the Total Expenditures for Total Medi-Cal expenditures by adding all entries in Column G.

For each category/line item, the amounts entered in Column G must equal the total of respective amounts in Columns H and I.

The amount of Total Expenditures in Column G must equal the total of respective totals in Columns H and I.

Column H, Medi-Cal Enhanced

- 38) Enter the amount of Medi-Cal Enhanced expenditures charged during the quarter to I. Total Personnel Expenses and II. Total Operating Expenses listed in Column B.

The amount of expenditures charged to Personnel Expenses is based on time studies for:

- a. Skilled Professional Medical Personnel (SPMP) who meet the federal education and training requirements and perform activities requiring specialized medical knowledge and skill, and
- b. Clerical staff who directly support and are supervised by the SPMP.

Only training and travel costs for SPMP are allowed as expenditures for Operating Expenses.

Medi-Cal Enhanced **does not** allow expenditures for III. Total Capital Expenses, IV. Total Indirect Expenses, and V. Total Other Expenses.

Column I, Medi-Cal Non-Enhanced

- 39) Enter the amount of Medi-Cal Non-Enhanced expenditures charged during the quarter to each category/line item listed in Column B.

The amount of expenditures charged to each category/line item includes salaries, benefits, travel, training, and other administrative expenses for non-SPMP including, but not limited to, administrators; associate staff; clerical staff not providing direct support to, or supervised by, SPMP; and claims processing staff.

Also expenditures for staff hired under contract, including SPMP staff, are to be charged at the non-enhanced rate.

SOURCE OF FUNDS

Complete the Non-Medi-Cal Columns M and N first; then complete Column L. Next complete Medi-Cal Columns P and Q before completing Column O. Last, complete Column K.

Column M, Straight CCS

- 40) Enter the amount of State and County funds that were used to pay Straight CCS expenditures.

The funding distribution for Straight CCS expenditures is 50% State funds and 50% County funds.

The amount of State funds is determined by multiplying the Total Expenditures in Column E by 50%.

The amount of County funds is determined by multiplying the Total Expenditures in Column E by 50%.

Column N, Healthy Families

- 41) Enter the amount of Federal, State, and County funds that were used to pay Healthy Families expenditures.

The funding distribution for Healthy Families expenditures is 65% Federal funds (Title XXI), 17.5% State funds, and 17.5% County funds.

The amount of Federal funds is determined by multiplying the Total Expenditures in Column F by 65%.

The amount of State funds is determined by multiplying the Total Expenditures in Column F by 17.5%.

The amount of County funds is determined by multiplying the Total Expenditures in Column F by 17.5%.

Column L, Total Non-Medi-Cal

- 42) Enter Total Non-Medi-Cal amounts by adding the amounts in Columns M and N for each funding source listed in Column J.

- 43) Enter Total Source of Funds by adding all entries in Column L.

For each funding source, the amounts entered in Column L must equal the total of respective amounts in Columns M and N.

The amount of Total Source of Funds in Column L must equal the total of respective totals in Columns M and N.

Column P, Medi-Cal Enhanced

- 44) Enter the amount of State and Federal funds that were used to pay Medi-Cal Enhanced expenditures.

The funding distribution for Medi-Cal Enhanced expenditures is 25% State funds and 75% Federal (Title XIX) funds.

The amount of State funds is determined by multiplying the Total Expenditures in Column H by 25%.

The amount of Federal funds is determined by multiplying the Total Expenditures in Column H by 75%.

Column Q, Medi-Cal Non-Enhanced

- 45) Enter the amount of State and Federal funds that were used to pay Medi-Cal Non-Enhanced expenditures.

The funding distribution for Medi-Cal Non-Enhanced expenditures is 50% State funds and 50% Federal (Title XIX) funds.

The amount of State funds is determined by multiplying the Total Expenditures in Column I by 50%.

The amount of Federal funds is determined by multiplying the Total Expenditures in Column I by 50%.

Column O, Total Medi-Cal

- 46) Enter Total Medi-Cal amounts by adding the amounts in Columns P and Q for each funding source listed in Column J.

- 47) Enter Total Source of Funds by adding all entries in Column O.

For each funding source, the amounts entered in Column O must equal the total of respective amounts in Columns P and Q.

The amount of Total Source of Funds in Column O must equal the total of respective totals in Columns P and Q.

Column K, Total Expenditures

- 48) Enter the amounts for Medi-Cal State and Federal funds (Title XIX) from Column O in Column K.
- 49) Enter the amounts for Healthy Families State, County, and Federal funds (Title XXI) from Column N in Column K.
- 50) Enter the amounts for Straight CCS State and County funds from Column M in Column K.

Total Source of Funds

- 51) Add all entries made in Columns K, L, M, N, O, P, and Q and enter the total for each respective column.

The entry in Column L must equal the total of Columns M and N.

The entry in Column O must equal the total of Columns P and Q.

The entry in Column K must equal the total of Columns L and O.

The entries for Total Source of Funds in Columns K, L, M, N, O, P, and Q **must equal** the respective entries for Total Expenditures in Columns C, D, E, F, G, H, and I.

CERTIFICATION

- 52) Affix the signature of an official who is authorized to sign CCS Administrative Expenditure Invoices.
- 53) Type or print the name of the authorized official.
- 54) Enter the date that the signature was affixed.
- 55) Type or print the name of the contact person for the expenditure invoice.
- 56) Enter the telephone number for the contact person.